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CONFIRMATION NO. 3718

<b>SERIAL NUMBER</b> 10/690,435	<b>FILING OR 371(c) DATE</b> 10/21/2003 <b>RULE</b>	<b>CLASS</b> 424	<b>GROUP ART UNIT</b> 1633	<b>ATTORNEY DOCKET NO.</b> 640100.470
<b>APPLICANTS</b> Mark F. Pittenger, Severna Park, MD; Stephen L. Gordon, Rockville, MD; Alastair Morgan MacKay, Timonium, MD; Bradley J. Martin, Ellicott City, MD;				
<b>** CONTINUING DATA *****</b> This application is a CIP of 10/278,148 10/22/2002 ABN which is a CIP of 10/127,737 04/22/2002 ABN which is a CON of 09/446,952 03/27/2000 PAT 6,387,369 which is a 371 of PCT/US98/14520 07/14/1998 which claims benefit of 60/052,910 07/14/1997				
<b>** FOREIGN APPLICATIONS *****</b>				
<b>IF REQUIRED, FOREIGN FILING LICENSE GRANTED</b> ** 08/11/2004				
Foreign Priority claimed <input type="checkbox"/> yes <input type="checkbox"/> no 35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after met Allowance Verified and Acknowledged		<b>STATE OR COUNTRY</b> MD	<b>SHEETS DRAWING</b> 8	<b>TOTAL CLAIMS</b> 21
Examiner's Signature _____ Initials _____		<b>INDEPENDENT CLAIMS</b> 4		
<b>ADDRESS</b> 23446				
<b>TITLE</b> CARDIAC MUSCLE REGENERATION USING MESENCHYMAL STEM CELLS				
<b>FILING FEE RECEIVED</b> 1027	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit	